



ADMN

**Purchase Voucher**

Agency: 529

Health and Human Services Commission

Voucher Number: 01350674

USAS Doc Number:

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
STE K250
1101 S CAPITAL OF TEXAS HWY
WEST LAKE HILLS, TX 78746-6445

TCode: AP-225-STD**Origin: ONL**

Payee ID/Check/Mail: 1760802397/8/000

Freight Amount: 0.00

Gross Amount (includes Frt.): 762,500.00

Discount Amt Taken: 0.00

Payment Amount: **762,500.00****FOLD HERE**

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount												
1	0000106713 0			TPCN-6	Fulfill the terms of contract TPCN-6	762,500.00												
<u>ShipTo ID</u> 1326																		
<u>Contract#</u> 529-16-0004-00001				<u>Org</u> <u>PmtDt</u> <u>IC</u> <u>RC</u>	<table><tr><td><u>Invoice DT:</u></td><td>01/22/2018</td><td><u>Req'd Pay DT :</u></td><td></td></tr><tr><td><u>Inv Recv'd DT:</u></td><td>01/22/2018</td><td><u>Pay Due DT :</u></td><td>02/21/2018</td></tr><tr><td><u>Service DT</u></td><td>12/31/2017</td><td><u>PO DT:</u></td><td>09/01/2017</td></tr></table>	<u>Invoice DT:</u>	01/22/2018	<u>Req'd Pay DT :</u>		<u>Inv Recv'd DT:</u>	01/22/2018	<u>Pay Due DT :</u>	02/21/2018	<u>Service DT</u>	12/31/2017	<u>PO DT:</u>	09/01/2017	
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<u>Service DT</u>	12/31/2017	<u>PO DT:</u>	09/01/2017															
1.1	<u>Account</u> 725300	<u>Entry Event</u>	<u>Fund</u> 0001	<u>Dept</u> 716B	<u>Program</u> 5016A <u>Class</u> 03138 <u>Ref</u> 2018 <u>Pri/grant</u> GR	<u>Amount</u> 762,500.00												
Open Item Key:					Conf: N	Certified Amt: 0.00												

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

01/29/2018

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

FEB 15 2018

Approved By

Approver Phone(Area+Number)

Date Approved

Kulkarni, Anjali
Entered By

Contact Name

Contact Phone(Area+Number)

Contract Vendor Invoice Payment Request



HHSC Health Developmental and Independence Services

RECEIVED

JAN 23 2018

HHSC ACCOUNTING

01350674

Name of program

The attached invoice is approved for payment.

Invoice Date:	1/22/18		
Invoice Number:	TPCN-6		
Dept. ID/Speedchart:	716B		
Object Code:	2000		
Contract Number:	529-16-0004-00001		
Contract Name:	Texas Pregnancy Care Network		
TIN:	17608023978		
Mail Code:	0224		
Purchase Order Number:	HHSTX-8-0000106713		
Month of Service:	December	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	1/22/18
Payment Due On or Before:	Net 30

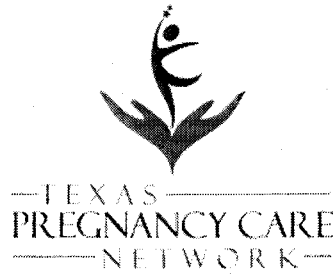
Total Amount:
\$762,500.00

CONTACT	DATE
Preparer's Name:	Becky Spaw
Preparer's Phone:	512-428-1946

Approval	DATE
Name of approver	Lesley French

SIGN-OFF	DATE
Agency Contact/Preparer's Signature:	Becky Spaw
	1/23/2018

2 1/26/18



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Texas Health and Human Services
Health, Developmental and
Independence Services
1100 W. 49th Street
Austin, TX 78756

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615**Account:**

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-6

Invoice Date: January 22, 2018

Due Date: February 28, 2018

For Professional Services Rendered:

RE:

Contract Number: 529-16-0004-00001B

TPCN is submitting this invoice according to the terms of Section VIII of the Amended Contract between TPCN and HHSC executed on or about August 31, 2017 (attached).

Payment 6: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: February 28, 2018

\$762,500.00

Amount Due

\$762,500.00

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-8-0000106713
	Prepd Allw	BEST WAY	Date	Revision
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			09/01/17	1 - 10/16/2017
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	1326 - Austin: 1100 W 49th St Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1760802397 8
TEXAS PREGNANCY CARE NETWORK
STE K250
1101 S CAPITAL OF TEXAS HWY
WEST LAKE HILLS TX 787466445
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Marshall, Carol 512/406-2476

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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- a. chap. 531, Chapter 2155.144 TGC, as amended, and any administrative rules adopted thereunder;
- b. 1 T.A.C. Chapt. 391;
- c. General Appropriations Act, Senate Bill 1, 79th Legislature, Reg Session, 2005, Section 50 of the Special Provisions Relating to all Health and Human Services Agencies; and
- d. Any other pertinent provisions of federal or state law.

Contract Manager - Andrea.Costley@hhsc.state.tx.us
Phone - 512-206-5624
Final Destination Customer - Andrea.Costley@hhsc.state.tx.us
Phone - 512-206-5624
Agency Contact - Beth.Zahn@hhsc.state.tx.us
Phone - 512-206-5624
HHSC Purchaser: Carol Marshall, CTPM-carol.marshall2@hhsc.state.tx.us
Phone: 512-406-2476

Justification/Comments: This contract is for the program and administration of the Alternative to Abortion - a statewide program for females focused on pregnancy support services that promote childbirth.

Contract Number: 529-16-0004-00001
TIN: 17608023978
Service Dates: 09/1/2017-02/28/2018

Total contract amount is \$4,575,000.00 - not to exceed \$762,500.00 per month for the months of September 1, 2017- February 28, 2018

SAM
Debarred
CMBL
E-mails
E-mails

The Original PO was issued with a Temp Vendor Number, as no renewal was submitted as the time HHSAS was closing. Received the renewal, which is attached and a change was made to make this PO the correct vendor.-Carol Marshall.

1-1 948-48 1.00 LOT 4575000.00000 \$4,575,000.00 08/31/2018

Fulfill the terms of contract number:
529-16-0004-00001B. From:09/01/17
through 02/28/18. For the program and

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms Prepd Allw	Ship Via BEST WAY	Purchase Order	HHSTX-8-0000106713
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/17	Revision 1 - 10/16/2017
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Page 2	
			Ship To:	1326 - Austin: 1100 W 49th St Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1760802397 8
TEXAS PREGNANCY CARE NETWORK
STE K250
1101 S CAPITAL OF TEXAS HWY
WEST LAKE HILLS TX 787466445
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Marshall, Carol 512/406-2476

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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administration of the Alternative to
Abortion-a statewide program.

Schedule Total \$4,575,000.00

Contract ID: 529-16-0004-00001

Contract Line: 0

Release: 1

Item Total for Line 1 \$4,575,000.00

Total PO Amount \$4,575,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized